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I OTTER OF ALLOWING	Fining Date	04/12/00	
and	First Named Inventor	r Zingwu Zhang	
CORRESPONDENCE ADDRESS	Title	Isolation and Identification Reactive T Cells	of Cross-
INDICATION FORM	Art Unit	1644	
( INDICATION TOKIN	Examiner Name		
	Attorney Docket-Nun	nber 050989.0202.PCUS00	
I hereby revoke all previous powers	of attorney given in	n the above-identified applicat	ion.
I hereby appoint:			
Practitioners associated with the Customer I	Number: 2	27148	
OR Practitioner(s) named below:	L		
		Registration Number	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Palant and Trademark Office connected therewith.			
Please recognize or change the correspondence	e address for the above-ide	entified application to:	
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l — 1			

Country Telephone

Applicant/Inventor.

Individual Name Address City

Assignee of record of the entire interest. See 37 CFR 3.71.

DOMED OF ATTORNEY

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record Signature Date 08/14/06 Jm Williams Telephone Name Title and Company Chief Operating Officer

State

Emall

NOTE: Signatures of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*. \*Total of 2 forms are submitted.

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